



GP # 2184

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number 10/085,163

Filing Date 02/27/2002

First Named Inventor Tomlinson

Group Art Unit 2184

Examiner Name Not yet assigned

Total Number of Pages in This Submission

Attorney Docket Number 24161196.1 Technology Center 2100

RECEIVED

DEC 12 2002

ENCLOSURES (check all that apply)

- ☐ Fee Transmittal Form
☐ Fee Attached
☐ Amendment / Reply
☐ After Final
☐ Affidavits/declaration(s)
☐ Extension of Time Request
☐ Express Abandonment Request
☐ Information Disclosure Statement
☐ Certified Copy of Priority Document(s)
☐ Response to Missing Parts/ Incomplete Application
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Assignment Papers (for an Application)
☐ Drawing(s)
☐ Licensing-related Papers
☐ Petition
☐ Petition to Convert to a Provisional Application
☒ Power of Attorney, Revocation Change of Correspondence Address
☐ Terminal Disclaimer
☐ Request for Refund
☐ CD, Number of CD(s) _____

- ☐ After Allowance Communication to Group
☐ Appeal Communication to Board of Appeals and Interferences
☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
☐ Proprietary Information
☐ Status Letter
☒ Other Enclosure(s) (please identify below):
Postcard Acknowledgement

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual nameWilliam D. McSpadden
BAKER & MCKENZIE

Signature

William D. McSpadden

Date

12/03/2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

12/03/2002

Typed or printed name

William D. McSpadden

Signature

William D. McSpadden

Date

12/03/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

#7

Please type a plus sign (+) inside this box → ☐PTO/SB/a1 (02-01)
Approved for use through 10/31/2002, OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/085,163
Filing Date	02/27/2002
First Named Inventor	Tomlinson
Title	Apparatus for and Method of Controlling...
Group Art Unit	2184
Examiner Name	Not yet assigned
Attorney Docket Number	24161196.1

I hereby appoint:

☒ Practitioners at Customer Number

23562

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number

RECEIVED

DEC 12 2002

Technology Center 2100

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).

SIGNATURE of Applicant or Assignee of Record

Name /Title

DATA ENCRYPTION SYSTEMS LIMITED

Signature

Date

14-11-2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/085,163
Filing Date	02/27/2002
First Named Inventor	Tomlinson
Group Art Unit	2184
Examiner Name	Not yet assigned
Attorney Docket Number	24161196.1

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☒ Customer Number 23562 →

Place Customer
Number Bar Code
Label here

OR

☐ Firm or
Individual Name

Address

Address

City

Country

Telephone

State

ZIP

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

DATA ENCRYPTION SYSTEMS LIMITED

Name /Title

Signature

Date

14-11-2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED

DEC 12 2002

Technology Center 2100